

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1110**

FILED FEB 10 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: rural, one before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1221 Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>✓</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary Jane</u>	b. (Middle) <u>Pettyjohn</u>	c. (Last) <u>Pettyjohn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10-25-1872</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	11. UNDER 1 MRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Bayles Co., Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Billy Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Gooden</u>	14. NAME OF HUSBAND OR WIFE <u>W.A. Pettyjohn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Mo Joe Cochran, West Plains, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral thrombosis</u>		<u>5 days</u>
DUE TO (c) <u>Cerebral arteriosclerosis</u>		<u>15 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 1955 to 1/19, 1958, that I last saw the deceased alive on 1/17, 1958, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.L. Fowler M.D.</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>1/27/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-20-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Manumoth</u>	24d. LOCATION (City/town, or county) (State) <u>Manumoth, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-3-58</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *A. A. Roberts* .....

Licensed Embalmer No. *3432* .....

P. O. Address *West Plains Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.